

Leisure Class Information

Date: _____

Instructors Name (Printed): _____

Instructors Address: _____

Instructors Phone Number: _____ (Home)
_____ (Cell)

Type of Class looking to be offered: _____

Length of Class (i.e. Monthly): _____

Times: _____

Description of Class (Include everything important: such as Level of participants):

Fees Looking to Charge (25% difference for Resident & Non-Resident): _____

Interested Dates (If only looking to do couple classes): _____

Business or Personal: _____

Facility would prefer: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

****If class is chosen to be taken on through the Recreation office you will need to be prepared to submit a W-9 and sign a Outside Instructor Policy Agreement. If you have any brochures or flyers, please submit them also.**